

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001291

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

6

STATE FILE NUMBER

FILED JAN 15 1963

## 1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Clinton

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Clinton General

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Henry

c. CITY  
OR  
TOWN

Montrose

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

in Montrose

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Lee

Middle

Elsworth

Last

Campbell

4. DATE  
OF  
DEATH

Month

Jan

Day

8

Year

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Sept 19, 1894

## 9. AGE (last birthday)

69

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Johnstown, Mo

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Henry D. Campbell

## 13b. MOTHER'S MAIDEN NAME

Nettie E Morrison

## 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

yes

WW #1

## 16. SOCIAL SECURITY NO.

66

## 17. INFORMANT

Mrs. Clara Pettus

## Address

Clinton, Mo

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY.

## IMMEDIATE CAUSE (a)

Arterio-sclerotic heart Disease

INTERVAL BETWEEN  
ONSET AND DEATH

1 year

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Bronchial asthma

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

4/27/52 to

1/8/63

and last saw him alive on 1/8/63

## Death occurred at

11:05 P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

S. B. Zingales M.D.

## 22b. ADDRESS

Clinton, Mo.

## 22c. DATE SIGNED

1/11/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

1/10/1963

## 23c. NAME OF CEMETERY OR CREMATORY

Urich Cemetery

## 23d. LOCATION (City, town, or county)

Urich, Mo

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Sickman &amp; Dunning F H Clinton, Mo

## 25. DATE RECD. BY LOCAL REG.

JAN 11-1963

## 26. REGISTRAR'S SIGNATURE

Mildred Bigum

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

JAN 16 1963

Permit Obtained

1-11-63

(115)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. L. Dunning

Licensed Embalmer No. 4510

P. O. Address Clermont, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.